STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012394	A. BUILDING: _____ B. WING _____	09/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUGAR GROVE SENIOR LIVING	5865 SUGAR LN PLAINFIELD, IN 46168

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for a State Residential Licensure Survey. Survey date: September 23 & 24, 2014. Facility number: 012394 Provider Number: 012394 Aim Number: N/A Survey team: Lora Brettnacher, RN, TC Kewanna Gordon, RN (September 23, 2014) Tracina Moody, RN (September 23, 2014) Census bed type: Residential: 113 Total: 113 Census by payor type: Other: 113 Total: 113 Sample: 7 Sugar Grove Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the State Residential Licensure Survey. Quality Review 09/24/14 by Lisa McColly	R 000		